Texas Department of Insurance
Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address:

JAMES COOPER
163 CRABTREE RD
PLAIN DEALING LA 71064

Respondent Name:
TEXAS MUTUAL INSURANCE CO

Carrier's Austin Representative Box
Box Number 54

MFDR Tracking Number:
M4-11-3561-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Payment made to doctor for medical treatment."

Amount in Dispute: $400.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The claimant provided receipts for which he reports having paid $5900.00 as co-payments for the above services. Texas Mutual communicated to the claimant through its EOB that reimbursement can only be the lessor of the amount payable under the applicable Division fee guideline as of the date of service or the actual amount paid by the health care insurer. There is no provision for reimbursement of co-payments. Further, no documentation establishing the relatedness of the treatment to the claimant's compensable injury has been submitted with the co-pay reimbursement requests. If the treatment is found to be related then the healthcare provider who performed the treatment must reimburse the claimant for any amounts paid to the healthcare provider by the claimant. (See DWC Rule 140.8(e).)

Response Submitted by: Texas Mutual Insurance Co., 6210 E. Hwy. 290, Austin, TX 78723

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
April 30, 2011	Out-of-Pocket Expenses	$400.00	0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for injured employees to pursue a medical fee dispute.
2. 28 Texas Administrative Code §133.270 sets out the procedures for injured employees to submit out-of-pocket expenses receipts for their workers' compensation injury to the insurance carrier for reimbursement.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - EOBs were not submitted by either party.

Issues

1. Did the requestor submit receipts for treatment/services paid out-of-pocket in accordance with 28 Texas Administrative Code §133.270?
2. Did the requestor submit convincing evidence to support a request for reimbursement for out-of-pocket expenses was submitted to the insurance carrier in accordance with Texas Administrative Code §133.307?
3. Is the requestor entitled to reimbursement?

Findings

Pursuant to "28 Texas Administrative Code §133.270 (a) An injured employee may request reimbursement from the insurance carrier when the injured employee has paid for health care provided for a compensable injury, unless the injured employee is liable for payment as specified in: (1) Insurance Code §1305.451, or (2) §134.504 of this title (relating to Pharmaceutical Expenses Incurred by the Injured Employee). (b) The injured employee's request for reimbursement shall be legible and shall include documentation or evidence (such as itemized receipts) of the amount the injured employee paid the health care provider." The documentation submitted by the Requestor does not contain convincing evidence that a request for reimbursement from the Carrier was made.

Pursuant to "28 Texas Administrative Code §133.307(e)(3) Employee Dispute Request. An employee who has paid for health care may request medical fee dispute resolution of a refund or reimbursement request that has been denied. The employee's dispute request shall be sent to the MDR Section by mail service, personal delivery or facsimile and shall include: (A) the form DWC-60 table listing the specific disputed health care in the form and manner prescribed by the Division; (B) an explanation of the disputed amount that includes a description of the health care, why the disputed amount should be refunded or reimbursed, and how the submitted documentation supports the explanation for each disputed amount; (C) Proof of employee payment (including copies of receipts, provider billing statements, or similar documents); (D) a copy of the carrier's or health care provider's denial of reimbursement or refund relevant to the dispute, or, if no denial was received, convincing evidence of the employee's attempt to obtain reimbursement or refund from the carrier or health care provider." The

requestor did not submit convincing evidence that a request for reimbursement from the Carrier was made.

Pursuant to "28 Texas Administrative Code §133.307(e)(3) Dismissal. The Division may dismiss a request for medical fee dispute resolution if: (I) the request for medical fee dispute resolution was not submitted in compliance with the provisions of the Labor Code and this chapter."

Conclusion

For the reasons stated above, the division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 14, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).